

Policy & Procedure

Policy Title: Adherence to Compliance Reporting

Policy Number: 701

Policy:

It is the policy of Arc Human Services (the organization) to commit to operating with integrity, transparency, and accountability. We adhere to all applicable laws, regulations, and ethical standards to ensure compliance in every aspect of our operations. Our policies reflect our dedication to identifying, addressing, and preventing compliance risks through self-disclosure, self-reporting, legal coordination, and external audit processes. We expect all employees, board members, and representatives to uphold these principles and fully cooperate with internal and external oversight efforts.

Self-Disclosure Policy:

The Organization believes that voluntary self-disclosure to external oversight entities demonstrates a commitment to integrity and accountability. Our goal is 100% compliance with all applicable rules and regulations. Before making any self-disclosure, The Organization will conduct a thorough internal investigation, which may involve legal counsel. This investigation will assess our compliance program, the circumstances surrounding the issue, and the potential consequences. Following the investigation, The Organization will determine whether self-disclosure is necessary. The internal investigation process includes:

- Identifying the scope of the issue.
- Preserving all relevant documents (electronic and hard copy) and gathering necessary information.
- Conducting an impartial and comprehensive investigation to understand the facts, consequences, and potential penalties.
- Implementing corrective measures, including stopping non-compliant conduct, strengthening controls, policies, procedures, and systems, and providing targeted training.
- Conducting follow-up self-audits to ensure the effectiveness of corrective actions.

If self-disclosure is deemed necessary, The Organization will report the findings and details of the investigation to the appropriate regulatory bodies. The report will include:

- A detailed description of the issue.
- Identification of violated or potentially violated laws, regulations, or requirements.
- The known or possible causes of the issue.
- How the issue occurred and was discovered.
- The employees involved or those who should have detected the issue.
- The issue's impact or potential impact on quality of care.
- The actual or estimated financial impact.
- Any disciplinary or corrective actions taken, up to and including termination.

The Organization will fully cooperate with external oversight entities in all cases of self-disclosure.

Self-Reporting Policy:

Under certain circumstances, The Organization will report identified non-compliance to the appropriate authorities. If an internal investigation reveals potential criminal activity involving a Board Member, Director, staff member, or other representative of The Organization, the following steps will be taken:

- If Medicare or Medicaid claims are involved, The Organization will notify the appropriate authorities, including the U.S. Attorney's Office, the U.S. Department of Health and

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Human Services Office of the Inspector General (OIG), and/or the Pennsylvania Office of Medical Assistance Programs, Bureau of Program Integrity, as determined by legal counsel.

- Legal counsel will attempt to negotiate a voluntary disclosure agreement before reporting.
- Unless directed otherwise by the relevant authorities, all related billing and claim submissions will be suspended until corrective action is taken.
- If an employee's actions appear intentional, willfully negligent, or reckless regarding Medicare or Medicaid laws, The Organization will take appropriate disciplinary action, up to and including termination.
- The Organization will coordinate with legal counsel and secure approval from the CEO and/or Board of Directors as needed.

Coordination with Legal Counsel During Investigations Policy:

Investigations into potential legal violations carry significant implications. The Board must receive timely, objective information and sound legal advice. Privileges such as attorney-client and attorney work product protections ensure confidentiality in these matters. While some legal counsel investigations may be protected from third-party disclosure, The Organization must report material legal violations to the appropriate government agencies. The Organization will cooperate fully with authorities while balancing disclosure obligations with legal protections.

Exit Interview Policy for External Audits

When an external audit is conducted, The Organization will participate in an exit interview. Upon notification from auditors that the onsite portion of the audit is complete, the coordinator of the audit will schedule an exit conference. This may take place via phone, teleconference, or in person, as agreed upon by all parties. The auditors will provide written documentation of potential findings, and a response timeframe will be established during the exit interview. The Organization will:

- Respond promptly to any follow-up requests from auditors.
- Prepare for potential adverse audit findings, including consulting legal counsel and planning appeals.
- Draft and finalize responses to audit findings.
- Develop and implement a Corrective Action Plan as needed.
- Submit the Corrective Action Plan to the appropriate entities.
- Monitor the Corrective Action Plan as part of The Organization's compliance efforts.

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